April-2001

[KD 066] **Sub. Code : 1403**

D.M. DEGREE EXAMINATION

(Higher Specialities)

(Revised Regulations)

Branch X — Haematology

Paper III — CLINICAL HAEMATOLOGY

Time : Three hours **Maximum : 100 marks**

Answer ALL questions

1 Discuss leuko–depleted blood products (20)

2 Discuss management of indolent lymphomas (20)

3. Discuss emerging role of haematologist in patients with "Venous thrombosis". (20)

4 Write short notes on : (4 × 10 = 40)

(a) Hb–E disorders

(b) Gallium scan

(c) SQUID

(d) Castleman's disease

March-2002

[KG 066] **Sub. Code : 1403**

D.M. DEGREE EXAMINATION.

(Higher Specialities)

(Revised Regulations)

Branch X — Haematology

Paper III — CLINICAL HAEMATOLOGY

Time : Three hours Maximum : 100 marks

Answer ALL questions.

1. Discuss immune–haemolytic disease of new–born. (20)

2. Give an account of extranodal lymphomas. (20)

3. Discuss recent advances and controversies in management of sickle cell disease. (20)

4. Write short notes on : (4 × 10 = 40)

(a) Hb–Dpunjab

(b) PET scan

(c) Oseoporosis in thalassaemia major

(d) ADCC (Antibody dependent cell–mediated cytotoxicity)

September-2002

[KH 066] **Sub. Code : 1403**

D.M. DEGREE EXAMINATION.

(Higher Specialities)

(Revised Regulations)

Branch X — Haematology

Paper III — CLINICAL HAEMATOLOGY

Time : Three hours Maximum : 100 marks

Answer ALL questions.

1. Planning management and treatment of solitary bone plasmacytoma. (20)

2. Allogeneic bone marrow transplantation versus autologous bone marrow transplantation in management of acute myeloid leukaemia in children. (20)

3. Prognostication and management of aplastic anaemia. (20)

4. Write short notes on : (4 × 10 = 40)

(a) Significance of minimal residual disease determination in management of acute leukaemias.

(b) Liposomal transretinoic acid in management of acute promyelocytic leukaemia.

(c) Cord blood stem cell transplantation.

(d) Haemophagocytic syndrome.

[KK 066] **Sub. Code : 1403**

D.M. DEGREE EXAMINATION.

(Higher Specialities)

(Revised Regulations)

Branch X — Haematology

Paper III — CLINICAL HAEMATOLOGY

Time : Three hours Maximum : 100 marks

Theory : Two hours and forty minutes Theory : 80 marks

M.C.Q. : Twenty minutes M.C.Q. : 20 marks

Answer ALL questions.

A. Essay questions : (2 × 15 = 30)

(1) Discuss the interactions between inflammation and coagulation in DIC. How would you evaluate and manage a patient with DIC today?

(2) Discuss the molecular pathology of acute promyelocytic leukemia and illustrate how this has influenced the diagnosis, management and monitoring of this disease.

B. Short notes : (10 × 5 = 50)

(1) Variant CJD and blood transfusion

(2) Diagnosis of PNH

(3) Recombinant activated factor VII (Novoseven)

(4) Treatment of HITT

(5) Proteasome inhibitors

(6) Markers used to evaluate a patient with atypical lymphocytes in blood

(7) Familial hemophagocytic lymphohistiocytosis

(8) Techniques to eliminate bacterial contamination of blood products

(9) Stem cell transplantation for osteopetrosis

(10) Use of hydroxyurea in Sickle Cell disease.

[KM 066] **Sub. Code : 1403**

D.M. DEGREE EXAMINATION.

(Higher Specialities)

(Revised Regulations)

Branch X — Haematology

Paper III — CLINICAL HAEMATOLOGY

Time : Three hours Maximum : 100 marks

Theory : Two hours and forty minutes Theory : 80 marks

M.C.Q. : Twenty minutes M.C.Q. : 20 marks

Answer ALL questions.

I. Essay Questions : (2 × 15 = 30)

(1) Discuss prognostic factors and the current trends in treating CLL.

(2) Outline the pathophysiology, diagnosis and treatment of Aplastic Anemia.

II. Short notes : (10 × 5 = 50)

(a) Chronic GVHD.

(b) Platelet transfusion.

(c) Febrile neutropenia.

(d) Indications for antifrinolytic therapy.

(e) Monitoring of anticoagulant therapy in APLA syndrome.

(f) Anaplastic large cell lymphoma/splenic marginal zone lymphoma.

(g) Thrombocytopenia in Pregnancy.

(h) Management of Factor VIII inhibitor.

(i) Thalidomide.

(j) Complications of ATRA (All–Trans Retinoic Acid).

———

[KO 066] **Sub. Code : 1403**

D.M. DEGREE EXAMINATION.

(Higher Specialities)

(Revised Regulations)

Branch X — Haematology

Paper III — CLINICAL HAEMATOLOGY

Time : Three hours Maximum : 100 marks

Theory : Two hours and forty minutes Theory : 80 marks

M.C.Q. : Twenty minutes M.C.Q. : 20 marks

Answer ALL questions.

I. Essay questions : (2 × 15 = 30)

(1) Discuss proteasome inhibitors in multiple myeloma.

(2) Discuss apoptosis in myelodysplastic syndrome and acute leukemia.

II. Short notes : (10 × 5 = 50)

(a) AML – M_7.

(b) Familial HUS.

(c) Hb H disease.

(d) DIC — Scoring system for diagnosis of DIC.

(e) Infant Leukemea.

(f) Veno occlusive disease.

(g) Role of colony stimulating factors.

(h) Follicular lymphoma.

(i) Catastrophic antiphospholipid syndrome.

(j) Bone marrow granulomas.

———————

[KP 066] **Sub. Code : 1403**

D.M. DEGREE EXAMINATION.

(Higher Specialities)

(Revised Regulations)

Branch X — Clinical Haematology

Paper III — CLINICAL HAEMATOLOGY

Time : Three hours Maximum : 100 marks

Theory : Two hours and forty minutes Theory : 80 marks

M.C.Q. : Twenty minutes M.C.Q. : 20 marks

Answer ALL questions.

I. Essay :

1. Discuss use of monoclonal antibodies for treatment of haematological malignancies. (20)

2. Role of apheresis (cell and plasma) in management of Haematological disorders. (15)

3. How will you manage acute bleeding in a patient with severe haemophilia A who has developed inhibitor to factor VIII? (15)

II. Short notes : (6 × 5 = 30)

(a) Intravenous immunoglobulin for haematological disorders.

(b) Bisphosphonates for haematological disorders

(c) Unstable Haemoglobin disease

(d) Infection associated haemophagocytosis

(e) Refractoriness to platelet transfusion

(f) Sideroblastic anaemia

———————

August 2008

[KT 066] **Sub. Code: 1403**

D.M. DEGREE EXAMINATION

(Higher Specialities)

Branch X – Clinical Haematology

(Revised Regulations)

Paper III – CLINICAL HAEMATOLOGY

Q.P. Code: 161403

Time: Three hours **Maximum: 100 Marks**

Answer ALL questions

Draw suitable diagrams wherever necessary.

I. Essays: **2 x 20 = 40**

1. What are the options in managing in a recently diagnosis BCR-Abl positive CML in a 25 yrs old male executive. The disease is in chronic phase and the patient has all the finance available for any kind of treatment.
2. How will you investigate and manage a female patient with warm antibody auto-immune haemolytic anaemia.

II. Write short notes on: **10 x 6 = 60**

1. Leucocyte adhesion deficieny.
2. Juvenile chronic myeloid leukaemia.
3. Diagnosis of TTP and its differeniation from HUS.
4. Monoclonal gammopathy of unknown origin.
5. Parvovirus B19 associated marrow aplasia.
6. Use of bisphosphonates in haematological disorder.
7. How will you give prognosis in a case of multiple myeloma.
8. Non immunological hydrops.
9. Chronic synovitis in server haemophilic.
10. MLL gene translocation in haemoto oncology.

******

August 2009

[KV 066] **Sub. Code: 1403**

D.M. DEGREE EXAMINATION

(Super Specialities)

Branch X – Clinical Haematology

(Revised Regulations)

Paper III – CLINICAL HAEMATOLOGY

Q.P. Code: 161403

Time: Three hours **Maximum: 100 Marks**

Answer ALL questions

Draw suitable diagrams wherever necessary.

I. Essays: **2 x 20 = 40**

1. Describe the diagnosis and management of Waldenstroms macroglobulinemia.
2. Neonatal thrombocytopenia.

II. Write short notes on: **10 x 6 = 60**

1. Management of transfusion overload.
2. Prothrombin deficiency.
3. Novel therapies for sickle cell disease.
4. Diagnosis of polycythemia vera.
5. Low molecular weight heparin.
6. Drug therapy for MDS.
7. Long term complications of stem cell transplant.
8. Anemia of chronic renal failure.
9. Prognostic markers in CLL.
10. L asparginase.

******

August 2011

[KZ 066] **Sub. Code: 1403**

DOCTORATE OF MEDICINE (D.M.) DEGREE EXAMINATION (SUPER SPECIALITIES)

BRANCH X – CLINICAL HAEMATOLOGY

CLINICAL HAEMATOLOGY

Q.P. Code: 161403

Time : 3 hours (180 Min) **Maximum : 100 marks**

Answer ALL questions in the same order.

I. Elaborate on :	**Pages (Max.)**	**Time (Max.)**	**Marks (Max.)**
1. Discuss the diagnosis, management and prevention of sickle cell disease.	11	35	15
2. A 10-year old child has a WBC count of 50,000/cu mm is suspected to have acute lymphoblastic leukemia. How will you confirm this diagnosis? What are the prognostic markers? What are the principles of management?	11	35	15
II. Write notes on :			
1. Anemia in the neonate.	4	10	7
2. Graft versus host disease.	4	10	7
3. Platelet allo-immunization.	4	10	7
4. Hemorrhagic disease of the newborn.	4	10	7
5. Management of fixed flexion deformities of joints in Hemophilia.	4	10	7
6. Bernard Soulier syndrome.	4	10	7
7. Management of auto immune hemolytic anemia.	4	10	7
8. Management of amyloidosis.	4	10	7
9. Sezary syndrome.	4	10	7
10. Eltrombopag.	4	10	7

****

[LB 066] **AUGUST 2012** **Sub. Code: 1403**

D.M – CLINICAL HAEMATOLOGY

Paper – III CLINICAL HAEMATOLOGY

Q.P. Code: 161403

Time: 3 hours **Maximum: 100 marks**

(180 Min) Answer ALL questions in the same order.

I. Elaborate on:	**Pages (Max.)**	**Time (Max.)**	**Marks (Max.)**
1. Describe the pathophysiology, clinical manifestations and management of a patient with Paroxysmal Nocturnal Hemoglobinuria (PNH).	16	35	15
2. Describe the role of platelets in the formation of a hemostatic plug and discuss the classification and diagnosis of congenital platelet disorders.	16	35	15
II. Write Notes on:			
1. Non-Transferrin Bound Iron (NTBI).	4	10	7
2. Pernicious anemia.	4	10	7
3. Clinical manifestations of G6PD deficiency.	4	10	7
4. Lenalidomide in MDS.	4	10	7
5. T regulatory cells.	4	10	7
6. MLL gene rearrangements in Acute Lymphoblastic Leukemia.	4	10	7
7. Treatment options for a patient with relapsed diffuse large B cell lymphoma.	4	10	7
8. Dasatinib.	4	10	7
9. Chronic Myelomonocytic Leukemia.	4	10	7
10. Diagnosis of hairy cell leukemia.	4	10	7

****

(LD 066) **AUGUST 2013** **Sub. Code:1403**

D.M. – CLINICAL HAEMATOLOGY
Paper – III CLINICAL HAEMATOLOGY
Q.P.Code: 161403

Time: Three Hours **Maximum: 100 marks**

I. Elaborate on: **(2X15=30)**

1. Describe how inhibitors form in severe haemophilia, the laboratory detection of inhibitors and the detailed management strategies in a patient with haemophilia and inhibitors.
2. Describe the pathophysiology, clinical findings, laboratory evaluation and management of cold agglutinin disease.

II. Write notes on: **(10X7=70)**

1. Diagnosis of fungal infection in neutropenic patients.
2. Hyperviscosity.
3. Prenatal diagnosis in haematological diseases.
4. Thrombocytopenia in pregnancy.
5. Risk stratification in CLL.
6. Factor V deficiency.
7. Severe combined immunodeficiency.
8. Donor lymphocyte infusion.
9. Purpura fulminans.
10. CMV infection.

****

(LF 066) **AUGUST 2014** **Sub. Code:1403**

D.M. – CLINICAL HAEMATOLOGY
Paper – III CLINICAL HAEMATOLOGY
Q.P.Code: 161403

Time: Three Hours **Maximum: 100 marks**

I. Elaborate on: **(2X15=30)**

1. Discuss the current diagnostic criteria and risk stratification in the management of bcr-abl negative myeloproliferative neoplasms.
2. Discuss the diagnosis, evaluation and management of a patient with deep vein thrombosis.

II. Write notes on: **(10X7=70)**

1. Ruxolitinib.
2. Thalidomide in haematology.
3. Discuss the management of blast crisis in CML.
4. Write a short note on relevance of BRAF mutations.
5. Write a short note on management of anemia in patients with chronic renal failure.
6. Discuss role of Eltrombopag in the management of idiopathic thrombocytopenia.
7. Discuss in brief the current strategies to risk stratify acute myeloid leukemia.
8. Discuss in brief the currently used iron chelators and their relative advantages and disadvantages.
9. Write a short note on Omacetaxine.
10. Write a short note on newer oral anticoagulants.

****

(LG 066) **FEBRUARY 2015** **Sub. Code:1403**

D.M. – CLINICAL HAEMATOLOGY

Paper III – CLINICAL HAEMATOLOGY

Q.P.Code: 161403

Time: Three Hours **Maximum: 100 Marks**

I. Elaborate on: **(2 x 15 = 30)**

1. Discuss the role of minimal residual disease in the management of acute leukemia. Describe the techniques used and the advantages and disadvantages of each.
2. A 20 year old man presents with pancytopenia. Discuss in detail the clinical and laboratory evaluation of such a patient and list the possible differential diagnosis that one should consider.

II. Write notes on: **(10 x 7 = 70)**

1. Ibrutinib.
2. Anti inflammatory properties of protein C.
3. Harris syndrome.
4. Gompertzian curve and relevance to autologous stem cell transplantation.
5. Primary mediastinal large B cell lymphoma.
6. Bernard Soulier syndrome.
7. Reduced intensity conditioning regimens in allogenic stem cell transplantation
8. Post transplant cyclophosphamide as GVHD prophylaxis
9. Pre transplant risk stratification of patients with Beta thalassemia major
10. Treosulfan

****

(LH 066) **AUGUST 2015** **Sub. Code:1403**

D.M. – CLINICAL HAEMATOLOGY

Paper III – CLINICAL HAEMATOLOGY

Q.P.Code: 161403

Time: Three Hours **Maximum: 100 Marks**

I. Elaborate on: **(2 x 15 = 30)**

1. Discuss current diagnostic criteria and classification of acute myeloid leukemia.

2. How would you diagnose, classify and manage graft versus host disease following an allogeneic stem cell transplantation?

II. Write notes on: **(10 x 7 = 70)**

1. Principles of haplo-identical stem cell transplantation.
2. Off label indications for use of rFVIIa.
3. Donor lymphocyte infusion following stem cell transplantation.
4. Post transfusion purpura.
5. Anemia of chronic disease.
6. Sorafenib.
7. Vemurafenib.
8. Thrombopoetin agonists.
9. Proteasome inhibitors.
10. Brentuximab.

****

(LI 066) FEBRUARY 2016 **Sub. Code:1403**

D.M. – CLINICAL HAEMATOLOGY

Paper III – CLINICAL HAEMATOLOGY

Q.P.Code: 161403

Time: Three Hours **Maximum: 100 Marks**

I. Elaborate on: **(2 x 15 = 30)**

1. Discuss the management of a 40 year old man with severe aplastic anemia.
2. Discuss the diagnosis and treatment of disseminated intravascular coagulation.

II. Write notes on: **(10 x 7 = 70)**

1. Management of febrile neutropenia.
2. Prophylaxis in hemophilia.
3. Treatment of hairy cell leukemia.
4. Management of a patient with plasmacytoma.
5. Treatment of deep venous thrombosis.
6. Management of acute graft versus host disease.
7. Treatment of mantle cell lymphoma.
8. Second line tyrosine kinase inhibitors.
9. Treatment of autoimmune hemolytic anemia.
10. Matched unrelated donor transplants.

****

(LJ 066) AUGUST 2016 **Sub. Code:1403**

D.M. – CLINICAL HAEMATOLOGY

Paper III – CLINICAL HAEMATOLOGY

Q.P.Code: 161403

Time: Three Hours **Maximum: 100 Marks**

I. Elaborate on: **(2 x 15 = 30)**

1. Management of febrile neutropenia.
2. Discuss the approach to the diagnosis and management of thrombocytopenia in the ICU.

II. Write notes on: **(10 x 7 = 70)**

1. Central retinal artery occlusion.
2. Post thrombotic syndrome.
3. Post Bone Marrow Transplant (BMT) vaccinations.
4. Management of Mantle cell Lymphoma.
5. Monoclonal B cell lymphocytosis.
6. Monitoring a patient of CML on TKIs.
7. Assessment of performance status in a patient.
8. Use and misuse of steroids in hematology.
9. Congenital dyserythropoetic anemia.
10. Use of anti-fibrinolytic agents.

****

(LK 066) FEBRUARY 2017 **Sub. Code:1403**

D.M. – CLINICAL HAEMATOLOGY

Paper III – CLINICAL HAEMATOLOGY

Q.P.Code: 161403

Time: Three Hours **Maximum: 100 Marks**

I. Elaborate on: **(2 x 15 = 30)**

1. Discuss the role of minimal residual disease in the management of acute leukemia. Describe the techniques used and the advantages and disadvantages of each.

2. Discuss the diagnosis, grading, prognostication and management of acute graft versus host disease post allogeneic stem cell transplantation.

II. Write notes on: **(10 x 7 = 70)**

1. Ibrutinib.
2. Discuss in brief the issues in management of leukemia in pregnancy.
3. Discuss recent advances in factor concentrate replacement and their practical relevance.
4. Discuss in brief the approach and management of thrombocytopenia in patients who are HIV positive.
5. Discuss the differential diagnosis and management of Hairy cell leukemia.
6. Bernard Soulier syndrome.
7. Reduced intensity conditioning regimens in allogeneic stem cell transplantation.
8. Principles of haplo-identical stem cell transplantation.
9. Off label indications for use of rFVIIa.
10. Granulocyte infusion.

****

(LL 066) AUGUST 2017 **Sub. Code:1403**

D.M. – CLINICAL HAEMATOLOGY

Paper III – CLINICAL HAEMATOLOGY

Q.P.Code: 161403

Time: Three Hours **Maximum: 100 Marks**

I. Elaborate on: **(2 x 15 = 30)**

1. How would you diagnose, classify and manage chronic graft versus host disease following an allogeneic stem cell transplantation? Describe rule factors that influence chronic GVHD.

2. A 20 year old man presents with high WBC counts (> 600,000) and dyspnea. Discuss the differential diagnosis and management strategies in such a patient. What are the second line drugs useful in CML and how will you choose?

II. Write notes on: **(10 x 7 = 70)**

1. Autologous stem cell transplantation in T cell lymphoma.
2. Off label indications for use of rFVIIa.
3. Granulocyte transfusions.
4. Post transfusion purpura.
5. Rituximab in ITP.
6. Sorafenib.
7. Ibrutinib.
8. Eltrombopag in aplastic anaemia.
9. Monoclonal antibodies in myeloma.
10. Brentuximab.

****

(LN 066) AUGUST 2018 **Sub. Code: 1403**

D.M. – CLINICAL HAEMATOLOGY

Paper III – CLINICAL HAEMATOLOGY

Q.P.Code: 161403

Time: Three Hours **Maximum: 100 Marks**

I. Elaborate on: **(2 x 15 = 30)**

1. Describe the pathophysiology, clinical features, diagnosis and management of children with beta thalassemia major.

2. Discuss the management of acute lymphoblastic leukemia in adults.

II. Write notes on: **(10 x 7 = 70)**

1. Management of acute hemarthrosis in hemophilia.
2. Maintenance Rituximab in lymphoma.
3. Conditioning regimen in stem cell transplantation.
4. Management of 3 year child with Hb E Beta Thalassemia.
5. Eculizumab.
6. Management of relapsed Hodgkin lymphoma.
7. Treatment of Langerhan cell histiocytosis.
8. Pomalidomide.
9. Management of acute hemolytic transfusion reaction.
10. Diagnosis of fungal infection in febrile neutropenia.

****

(LP 066) AUGUST 2019 **Sub. Code: 1403**

D.M. – CLINICAL HAEMATOLOGY

Paper III – CLINICAL HAEMATOLOGY

Q.P. Code: 161403

Time: Three Hours **Maximum: 100 Marks**

I. Elaborate on: **(2 x 15 = 30)**

1. Briefly discuss Inhibitors in severe haemophilia. Outline the laboratory detection and management strategies for patients with inhibitors.

2. Discuss the current strategies for the management of a 20 year old patient with severe aplastic anemia.

II. Write notes on: **(10 x 7 = 70)**

1. Diagnosis of fungal infection in neutropenic patients, and the treatment approaches.
2. Approach to Thrombocytopenia in pregnancy.
3. Role of Eltrombopag in ITP.
4. Commonly used Monoclonal antibodies in haematological disorders – malignant and non-malignant.
5. Diagnosis of APLA syndrome and management of anticoagulation therapy in APLA syndrome.
6. Long term complications of stem cell transplantation.
7. Steroid refractory GVHD.
8. Approach to hypereosinophilia.
9. Prognostic factors and treatment trends in CLL.
10. Hyperviscosity syndromes- causes, symptoms, diagnosis and management.

****

(LQ 066) FEBRUARY 2020 **Sub. Code: 1403**

D.M. – CLINICAL HAEMATOLOGY

Paper III – CLINICAL HAEMATOLOGY

Q.P. Code: 161403

Time: Three Hours **Maximum: 100 Marks**

I. Elaborate on: **(2 x 15 = 30)**

1. Discuss the standard and evolving therapeutic options in the management of Primary Myelofibrosis.

2. Discuss the current understanding of Anaplastic large cell lymphoma.

II. Write notes on: **(10 x 7 = 70)**

1. Role of haplo-identical stem cell transplantation in Hodgkin's Lymphoma.
2. aPCC.
3. Cytomegalo virus specific immunoglobulin.
4. Ixazomib.
5. Molecular pathogenesis of anemia of chronic disease .
6. Panabinostat.
7. Vemurafenib.
8. Check point inhibitors in hematology.
9. Midostaurin.
10. Targeted dose monitoring of Busulphan.

****

(LR 066) NOVEMBER 2020 **Sub. Code: 1403**

(AUGUST 2020 SESSION)

D.M. – CLINICAL HAEMATOLOGY

Paper III – CLINICAL HAEMATOLOGY

Q.P. Code: 161403

Time: Three Hours **Maximum: 100 Marks**

I. Elaborate on: **(2 x 15 = 30)**

1. A 6-year-old child is evaluated for anemia and bleeding of 2 months duration and is suspected to have fanconi anemia. Describe the clinical manifestations, diagnostic tests and management of this child.

2. Discuss the clinical manifestations, prevention, diagnosis and treatment of cytomegalovirus (CMV) infection following allogeneic stem cell transplantation.

II. Write notes on: **(10 x 7 = 70)**

1. LCH
2. Pregnancy related thrombocytopenia
3. Crizanlizumab
4. Thrombosis in COVID 19 infection
5. TPO agonists in aplastic anemia
6. FLT3 mutation in AML
7. Nivolumab in hodgkins lymphoma
8. Chimerism analysis following allogeneic transplantation
9. NK T cell lymphoma
10. Drug PK monitoring

****

(DM 0821) AUGUST 2021 **Sub. Code: 1403**

D.M. – CLINICAL HAEMATOLOGY

Paper III – CLINICAL HAEMATOLOGY

Q.P. Code: 161403

Time: Three Hours **Maximum: 100 Marks**

I. Elaborate on: **(2 x 15 = 30)**

1. A 37-year-old male presents with pancytopenia and a fungal pneumonia. He is diagnosed on the marrow to have MDS-RAEB1. Discuss the prognostication and the treatment options for this patient.

2. Discuss the pathogenesis of acute graft versus host disease following allogeneic stem cell transplantation – risk factors, biomarkers prognostication and treatment.

II. Write notes on: **(10 x 7 = 70)**

1. HITT.
2. Hematological features of malarial infection.
3. Desmopressin in von willebrands disease.
4. Hematological manifestations of COVID 19 infection.
5. TPO agonists in ITP.
6. ROTEM.
7. Fibrin glue.
8. Donor lymphocyte infusion.
9. Role of KIR receptors in stem cell transplantation.
10. MGRS.

****

THE TAMIL NADU DR. M.G.R. MEDICAL UNIVERSITY

[DM 0822] AUGUST 2022 Sub. Code :1403

D.M. – CLINICAL HAEMATOLOGY

Paper III – CLINICAL HAEMATOLOGY

Q.P. Code: 161403

Time: Three Hours **Maximum: 100 Marks**

I. Elaborate on: **(2 x 15 = 30)**

1. Discuss the treatment of Hodgkin Lymphoma in children.
2. Discuss the management of beta thalassemia major.

II. Write notes on: **(10 x 7 = 70)**

1. Management of haemostasis in disseminated intravascular coagulation.
2. Treatment of acute idiopathic thrombocytopenic purpura.
3. Management of paroxysmal nocturnal haemoglobinuria.
4. Clinical use of fresh frozen plasma and cryoprecipitate.
5. Treatment of acquired haemophilia.
6. Management of graft rejection after haematopoietic stem cell transplantation.
7. Principles of managing febrile neutropenia.
8. Management of acute graft versus host disease.
9. Hypereosinophilic syndrome.
10. Treatment of angioimmunoblastic T-cell lymphoma.

****

THE TAMIL NADU DR. M.G.R. MEDICAL UNIVERSITY

[DM 0823] **AUGUST 2023** **Sub. Code :1403**

D.M. – CLINICAL HAEMATOLOGY

PAPER III – CLINICAL HAEMATOLOGY

Q.P. Code: 161403

Time: Three Hours **Maximum: 100 Marks**

I. Elaborate on: **(2 x 15 = 30)**

1. Discuss the management of Sickle cell disease and recent therapeutic advances.
2. Discuss the treatment of chronic myeloid leukemia.

II. Write notes on: **(10 x 7 = 70)**

1. Management of bleeding in liver disease.
2. Management of tumour lysis syndrome.
3. Treatment of auto-immune haemolytic anaemia.
4. Principles of platelet transfusion.
5. Iron Chelation therapy.
6. Management of relapsed multiple myeloma.
7. Prophylaxis in haemophilia.
8. Management of chronic graft versus host disease.
9. Special considerations in Haploidentical stem cell transplant.
10. Treatment options for Aplastic anemia in a 55 year old man.

****

THE TAMIL NADU DR. M.G.R. MEDICAL UNIVERSITY

[DM 0124] JANUARY 2024 Sub. Code :1403

D.M. – CLINICAL HAEMATOLOGY

PAPER III – CLINICAL HAEMATOLOGY

Q.P. Code: 161403

Time: Three Hours **Maximum: 100 Marks**

I. Elaborate on: **(2 x 15 = 30)**

1. Mrs X, a 22-year-old housewife, presented to the emergency department at 2 am with complaints of fever, gum bleeds, and abnormal vaginal bleeding for the past 2 weeks. For the past 3 hours, she also has a left-sided headache.
   On examination - she was pale; wet purpurea over the palate was present Labs- Hb-7.8g%; TC-2300/cumm; Platelets-18000/cumm.PT-17.2 sec (normal limits=11.7-16.1 secs), aPTT=38 sec (normal limits=32-34sec), and both correcting on mixing studies. You got a call from the lab duty doctor regarding this patient that he can see some abnormal cells with bi-lobed and the figure of eight nuclei in peripheral blood, but it can be validated only by morning.

   a) What will be your diagnosis and other possibilities for this patient? Briefly describe the prognostic models you are aware of about the diagnosis.
   b) What other investigations will you ask for this patient?
   c) How will you manage this patient?

2. Describe various classes of drugs used in the prevention and treatment of acute GVHD.

II. Write notes on: **(10 x 7 = 70)**

1. Tyrosine kinase Inhibitors in hematology.
2. Thrombocytopenia in pregnancy.
3. Hereditary Hemochromatosis.
4. Management of Tumor Lysis Syndrome.
5. Castleman disease.
6. Ph like B cell ALL.
7. Prophylaxis in Severe Hemophilia.
8. Post-transplant lymphoproliferative disorders.
9. PRCA.
10. Blood transfusions in sickle cell anemia.

****